ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	MDN	30	05-31-01
FORMALITY REVIEW	TN	800	07 DM 06
RESPONSE FORMALITY REVIEW	ZM	927	10-11-01

INDEX OF CLAIMS

✔ ..... Rejected
= ..... Allowed
— (Through numeral)... Canceled
÷ ..... Restricted
N ..... Non-elected
I ..... Interference
A ..... Appeal
O ..... Objected

Claim		Date									
Final	Original	5/19/2	6/19								
	1	✔	V								
	2		V								
	3		N								
	4		N								
	5		V								
	6		V								
	7		V								
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	9		N								
	10		N								
	11	✔	N								
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Claim		Date
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Claim		Date
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additional

5/11/2000

If more than 150 claims or 10 actions staple additional sheet here

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